Rint Form

PTC/SR/81 (†1-08)
Approved for use through 11/30/2011, OMD 0851-0035
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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/565,050
Filing Date	96-21-2096
First Named Inventor	David Grahame Hardie
Title	Motheds for the of an ikin /strad/inn 25 complex
Art Unit	1652
Examiner Name	SWOPE, SHERIDAN
Attorney Docket Number	002,00270

	Attornoy Docket Number 002,00270				
I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of At(omey is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our atterney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
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I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3,71. Stalament under 37 CFR 3,73(a) (Form PTO/S8/96) submitted herewith or filled on					
SIGNATURE of Applicant or Assignee of Record					
Signature Date 22/1/09 Name Stakam I. Wagner Telephone Yitle and Company Medical Research Council Technology NOTE: Signatures of all the Inventors or sesignose of record of the castle interest or their representative(s) are required. Submit multiple forms if more than or					
signature is required, soo below". "Total-offorms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or rotain a bornest by the public which is to file (and by the USPTO to process) an application. Conheantamy is governed by 35 U.S.C. 122 and 37 CFR 1.41 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the complete displication form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to exemplete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.D. Box 1450, Alexandria, VA 22313-1450.

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